

Exhibit 8-1

SAMPLE PA CONFIRMATION LETTER



ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

JANET NAPOLITANO
Governor

ANTHONY D. RODGERS
Director

11/01/2003

654321
HOLLIDAY, DOC
123 OK CORRAL DRIVE
TOMBSTONE, AZ 89999

CORRESPONDENCE REQUEST NUMBER: 123123 PA LETTER (PROVIDER APPROVAL)
PRIOR AUTHORIZATION NUMBER: 00009999999

TO HOLLIDAY, DOC

WE HAVE RECEIVED A REQUEST FOR PRIOR AUTHORIZATION OF THE FOLLOWING
MEDICAL SERVICES. THESE SERVICES HAVE BEEN APPROVED PER ARIZONA
ADMINISTRATIVE CODE, R9-22-101 THROUGH R9-22-217 OR R9-28-101 THROUGH
R9-28-206.

PRIOR AUTHORIZATION NUMBER : 00009999999
RECIPIENT ID/NAME : A123456789 (EARP, WYATT DOB: 10/01/66 SEX: M)
SERVICE CODE : 27447 (ARTHROPLASTY, KNEE, CONDYLE AND PLATE)
DIAGNOSIS CODE : 715.96 (OSTEOARTHRISIS, UNSPECIFIED WHETHER)
UNITS : 1.00
MODIFIER :
FROM SERVICE DATE : 11/15/2003
THRU SERVICE DATE : 11/15/2003

IF ANY OF THE ABOVE RECORDED INFORMATION IS IN ERROR OR NEEDS TO BE
REVISED, PLEASE CONTACT THE PRIOR AUTHORIZATION UNIT. IF YOU AGREE WITH
THIS NOTICE, NO FURTHER ACTION IS NECESSARY AND THIS WILL BE THE LAST
NOTICE YOU WILL RECEIVE. PLEASE NOTE, "OBTAINING PRIOR AUTHORIZATION
DOES NOT GUARANTEE PAYMENT."

SINCERELY,

AHCCCS ADMINISTRATION